## Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Part 1: Identify Yourself   |   |   |   |  |  |  |  |
|----|---|---|---|---|--|--|--|--|
|    |   | About Debtor 1:                               |   | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |
| 1. | Your full name  |   |   |   |  |  |  |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Michael First name  J Middle name             |   | First name  Middle name                       |  |  |  |  |
|    | Bring your picture identification to your meeting with the trustee.   | Reed Last name and Suffix (Sr., Jr., II, III) | - | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |  |
| 2. | All other names you have used in the last 8 years   |   |   |   |  |  |  |  |
|    | Include your married or maiden names.   |   |   |   |  |  |  |  |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-4657                                   |   |   |  |  |  |  |

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 2 of 52 Case number (if known)

Debtor 1 Michael J Reed

|   |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|---|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names |   | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |
| 5.  | Where you live  | 2404 Manyaa St  | If Debtor 2 lives at a different address:  |  |  |
|   |   | 3101 Monroe St Bellwood, IL 60104  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |
|   |   | Cook  | County   |  |  |
|   |   | County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|   |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6.  | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                   |  |  |
|   |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |
|   |   |   |  |  |  |

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 3 of 52 Case number (if known) Debtor 1 Michael J Reed

| ar   | Tell the Court About  | our E   | 3ankruptcy Ca                 | se  |                  |                |                    |   |                           |   |
|--|---|---|-------------------------------|---|------------------|----------------|--------------------|---|---------------------------|---|
| 7.   | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                               |   |                  |                |                    |   |                           |   |
|  | choosing to file under  | ■ Chapter 7   |                               |   |                  |                |                    |   |                           |   |
|  |   |   | Chapter 11                    |   |                  |                |                    |   |                           |   |
|  |   |   | Chapter 12                    |   |                  |                |                    |   |                           |   |
|  |   |   | Chapter 13                    |   |                  |                |                    |   |                           |   |
|  |   |   |                               |   |                  |                |                    |   |                           |   |
| 3.   | How you will pay the fee  |   | about how yo                  | Il pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details ut how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money er. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with   |                  |                |                    |   |                           |   |
|  |   |   |                               |   | stallments. If y |                | s option, sign and | attach the Application                                | n for Individuals to Pay  |   |
|  |   |   | but is not requapplies to you | <b>quest that my fee be waived</b> (You may request this option only if you are filing for Chapter 7. By law, a just so not required to, waive your fee, and may do so only if your income is less than 150% of the official pove ies to your family size and you are unable to pay the fee in installments). If you choose this option, you may application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. |                  |                |                    | e official poverty line the option, you must fill out | at                        |   |
| D. Have you filed for  bankruptcy within the |   |   |                               |   |                  |                |                    |   |                           |   |
|  | last 8 years?   | ПΥ  | es.                           |   |                  |                |                    |   |                           |   |
|  |   |   | District                      |   |                  |                |                    |   |                           | _ |
|  |   |   | District                      |   |                  | When           |                    | _ Case number   |                           | _ |
|  |   |   | District                      |   |                  | When           |                    | Case number   |                           |   |
| 10.  | Are any bankruptcy  | ■ N   | 0                             |   |                  |                |                    |   |                           |   |
|  | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ΠY  | es.                           |   |                  |                |                    |   |                           |   |
|  | affiliate?  |   | Dahra                         |   |                  |                |                    | Deletterelte te com                                   |                           |   |
|  |   |   | Debtor<br>District            |   |                  | When           |                    | Relationship to you  Case number, if known            |                           |   |
|  |   |   | Debtor                        |   |                  | vviieii        |                    | Relationship to you                                   | WII                       | _ |
|  |   |   | District                      |   |                  | When           |                    | Case number, if know                                  | <br>wn                    | _ |
|  |   |   |                               |   |                  |                |                    | ·   |                           |   |
| 11.  | Do you rent your residence?   | ■ N   | o. Go to li                   | ne 12.  |                  |                |                    |   |                           |   |
|  |   | ПΥ  | es. Has yo                    | ur landlord ob  | tained an evicti | on judgment a  | gainst you?        |   |                           |   |
|  |   |   |                               | No. Go to line  | e 12.            |                |                    |   |                           |   |
|  |   |   |                               | Yes. Fill out this bankrupt   |                  | t About an Evi | ction Judgment Ag  | gainst You (Form 101)                                 | A) and file it as part of |   |
|  |   |   |                               |   |                  |                |                    |   |                           |   |

Document Page 4 of 52 Case number (if known) Debtor 1 Michael J Reed Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs

urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Michael J Reed Document Page 5 of 52 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit

counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 6 of 52

| Der | Michael J Reed   |   |   | Case numbe   | I (IT KNOWN)  |  |  |  |  |
|-----|--|---|---|--|---|--|--|--|--|
| Par | t 6: Answer These Quest  | ions for R  | eporting Purposes   |  |   |  |  |  |  |
| 16. | What kind of debts do you have?                                | 16a.  | individual primarily for a person   | nsumer debts? Consumer debts are definal, family, or household purpose."               | ned in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |  |
|     |  |   | ☐ No. Go to line 16b.   |  |   |  |  |  |  |
|     |  |   | Yes. Go to line 17.   |  |   |  |  |  |  |
|     |  | 16b.  | <b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |   |  |  |  |  |
|     |  |   | ☐ No. Go to line 16c.   |  |   |  |  |  |  |
|     |  |   | ☐ Yes. Go to line 17.   |  |   |  |  |  |  |
|     |  | 16c.  | State the type of debts you ow  | e that are not consumer debts or busines   | s debts   |  |  |  |  |
| 17. | Are you filing under<br>Chapter 7?                             | □ No.   | I am not filing under Chapter 7   | 7. Go to line 18.  |   |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and | ■ Yes.  |   | o you estimate that after any exempt propilable to distribute to unsecured creditors?  | erty is excluded and administrative expenses  |  |  |  |  |
|     | administrative expenses  |   | ■ No  |  |   |  |  |  |  |
|     | are paid that funds will<br>be available for                   |   | □Yes  |  |   |  |  |  |  |
|     | distribution to unsecured creditors?                           |   |   |  |   |  |  |  |  |
| 18. | How many Creditors do  | <b>■</b> 1-49   |   | □ 1,000-5,000  | □ 25,001-50,000   |  |  |  |  |
|     | you estimate that you owe?                                     | ☐ 50-99   |   | <b>5001-10,000</b>   | <b>5</b> 0,001-100,000  |  |  |  |  |
|     |  | □ 100-1<br>□ 200-9  |   | □ 10,001-25,000  | ☐ More than100,000  |  |  |  |  |
| 19. | How much do you  | □ \$0 - \$  | 50,000  | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |  |  |  |
|     | estimate your assets to<br>be worth?                           | □ \$50,001 - \$100,000<br>■   |   | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million                           | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                       |  |  |  |  |
|     |  | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million   |   | □ \$100,000,001 - \$100 million  | ☐ More than \$50 billion  |  |  |  |  |
| 20. | How much do you estimate your liabilities                      | □ \$0 - \$  |   | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |  |  |
|     | to be?   |   | 001 - \$100,000   | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million                           | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |  |  |
|     |  |   | 001 - \$500,000<br>001 - \$1 million  | □ \$100,000,001 - \$500 million  |   |  |  |  |  |
| Par | t 7: Sign Below  |   |   |  |   |  |  |  |  |
| For | you  | I have ex   | amined this petition, and I decla   | are under penalty of perjury that the inforn   | nation provided is true and correct.  |  |  |  |  |
|     |  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |  |   |  |  |  |  |
|     |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |   |  |   |  |  |  |  |
|     |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |   |  |   |  |  |  |  |
|     |  | bankrupt<br>and 3571  | cy case can result in fines up to   | concealing property, or obtaining money o<br>\$250,000, or imprisonment for up to 20 y | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,       |  |  |  |  |
|     |  | Michael   | J Reed<br>of Debtor 1   | Signature of Debtor  | 7 2   |  |  |  |  |
|     |  | Executed  |   | Executed on  |   |  |  |  |  |
|     |  |   | MM / DD / YYYY  | MM   | / DD / YYYY   |  |  |  |  |

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 7 of 52

Debtor 1 Michael J Reed Document Page 7 of 52 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Richard S. Bass                    | Date          | February 26, 2018     |
|--|---------------|-----------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY        |
| Richard S. Bass 6189009                |               |                       |
| Printed name                           |               |                       |
| Law Office of Richard S. Bass LTD      |               |                       |
| Firm name                              |               |                       |
| 2021 Midwest Road                      |               |                       |
| Suite #200                             |               |                       |
| Oak Brook, IL 60523                    |               |                       |
| Number, Street, City, State & ZIP Code |               |                       |
| Contact phone <b>630-953-8655</b>      | Email address | rbass@corpoffices.com |
| 6189009 IL                             |               |                       |
| Bar number & State                     |               |                       |

|                     |                          | 1200.11111        | ani Paue o ui az |                                    |
|---------------------|--------------------------|-------------------|------------------|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                                    |
| Debtor 1            | Michael J Reed           |                   |                  |                                    |
|                     | First Name               | Middle Name       | Last Name        |                                    |
| Debtor 2            |                          |                   |                  |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                    |
| Case number         |                          |                   |                  |                                    |
| (if known)          |                          |                   |                  | Check if this is an amended filing |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets  |             |                           |
|-----|---|-------------|---------------------------|
|     |   |             | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 145,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 5,901.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 150,901.00                |
| Par | t 2: Summarize Your Liabilities   |             |                           |
|     |   |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 154,950.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 14,600.00                 |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 51,919.00                 |
|     | Your total liabilities  | \$          | 221,469.00                |
| Par | 3: Summarize Your Income and Expenses   |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 3,978.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 3,917.00                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                    | ur other sc | :hedules.                 |
| 7.  | Yes What kind of debt do you have?  |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a  | a personal  | l, family, or             |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Michael J Reed Document Page 9 of 52
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_5,403.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim     |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |       |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 1,400.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 13,200.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 14,600.00 |

|   | Case 18-0521  | 9 Doc 1  | Filed 02/26/18<br>Document   | Entered 02/26/18   | 3 15:02:33                                     | Desc I                            | Main   |
|---|---|--|--|--|--|-----------------------------------|--|
| Fill in this  | information to identify   | your case and th   |  |  |  |                                   |  |
| Debtor 1  | Michael J Ro  |  | e Name   | Last Name  |  |                                   |  |
| Debtor 2<br>(Spouse, if fili                              | ng) First Name  | Middle   | e Name   | Last Name  |  |                                   |  |
| United Sta  | ites Bankruptcy Court for   | the: NORTHER   | N DISTRICT OF ILLIN  | NOIS   |  |                                   |  |
| Case num  | ber   |  |  | -  |  |                                   | Check if this is an amended filing   |
| n each cate<br>nink it fits h<br>formation.<br>nswer ever | best. Be as complete and  | roperty escribe items. List accurate as possibl attach a separate si | le. If two married people<br>heet to this form. On the<br>her Real Estate You Ow |  | qually responsible                             | e for supplyi                     | ing correct  |
| 1.1<br><b>3101</b>  | Where is the property?  I Monroe St address, if available, or other des | cription   | — Condominium  |  | the amount of any                              | secured clai                      | or exemptions. Put<br>ms on <i>Schedule D:</i><br>ecured by Property.                    |
| Belly<br>City   | wood IL<br>State  | 60104-0000<br>ZIP Code   | Manufactured Land Investment pro Timeshare Other Who has an interest             | or mobile home   |  | D.00<br>ure of your cole, tenancy | rrent value of the rtion you own? \$145,000.00  ownership interest by the entireties, or |
| County  |   |  |  | f the debtors and another ou wish to add about this item | Check if this (see instructions, such as local |                                   | ity property   |
| County  | ,   |  | At least one of Other information ye   | f the debtors and another ou wish to add about this item | (see instructions                              |                                   | ity pro  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$145,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

|               |                       | Case 18-05219 Doc   | 1 Filed 02/26/18 Enter Document Page  | ered 02/26/18 15:02:3<br>11 of 52<br>Case number (if kno | 33 Desc Main  |
|---------------|-----------------------|---|---|--|---|
| Debt          | or 1                  | Michael J Reed  |   | Case number (if kno                                      | own)  |
| 3. <b>C</b> a | ars, va               | ns, trucks, tractors, sport utility v   | vehicles, motorcycles   |  |   |
|               | No                    |   |   |  |   |
|               | Yes                   |   |   |  |   |
|               |                       |   |   |  |   |
| 3.1           | Make                  | e: Volvo  | Who has an interest in the property   |  | of any secured claims or exemptions. Put of any secured claims on <i>Schedule D</i> : |
|               | Mode                  | el: XC-90   | Debtor 1 only   |  | no Have Claims Secured by Property.   |
|               | Year                  |   | Debtor 2 only   | Current valu   |   |
|               |                       | oximate mileage: r information:   | Debtor 1 and Debtor 2 only  | entire prope   | erty? portion you own?  |
|               |                       | ation: 3101 Monroe St,  | At least one of the debtors and and   | other  |   |
|               |                       | wood IL 60104   | Check if this is community propose (see instructions)   | erty \$3   | \$3,000.00  |
| .p.           | ages y                | ou have attached for Part 2. Write scribe Your Personal and Household                           | wn for all of your entries from Part are that number here                                       | =  | Current value of the portion you own? Do not deduct secured claims or exemptions.     |
| E             | xample<br>No          | old goods and furnishings<br>es: Major appliances, furniture, liner<br>Describe                 | ns, china, kitchenware  |  |   |
|               |                       | Misc used hou   | sehold goods and furnishings  |  | \$1,500.00  |
| E             | l No                  | es: Televisions and radios; audio, vi including cell phones, cameras,  Describe                 | deo, stereo, and digital equipment; co<br>media players, games<br>nmon electronics, tv and misc | mputers, printers, scanners; mu                          | sic collections; electronic devices   |
|               |                       |   |   |  |   |
| E             | xample<br>No          | ples of value es: Antiques and figurines; paintings other collections, memorabilia, of Describe | s, prints, or other artwork; books, pictur<br>collectibles                                      | res, or other art objects; stamp,                        | coin, or baseball card collections;   |
| E             | xample<br>No          | ent for sports and hobbies es: Sports, photographic, exercise, musical instruments  Describe    | and other hobby equipment; bicycles,  | pool tables, golf clubs, skis; can                       | oes and kayaks; carpentry tools;  |
|               |                       |   |   |  |   |
|               | irearn<br>Examp<br>No | <b>ns</b><br><i>es:</i> Pistols, rifles, shotguns, ammu   | nition, and related equipment   |  |   |

|  | Case 18-05219  | Doc 1   | Filed 02/26/18  | Entered 02/26/18 15:02:33   | Desc Main  |
|--|--|---|---|---|--|
| Debtor 1   | Michael J Reed   |   | Document  | Page 12 of 52  Case number (if known)   |  |
| ☐ Yes  | s. Describe  |   |   |   |  |
| □ No   | nes Imples: Everyday clothes, furs Imples: Describe  | , leather coats,  | designer wear, shoes  | accessories   |  |
|  | Misc us  | sed personal  | clothing  |   | \$400.00   |
|  |  |   |   |   |  |
| □ No   |  | ume jewelry, er   | ngagement rings, wed  | ding rings, heirloom jewelry, watches, gems, g  | old, silver  |
|  | Misc us  | sed non-colle   | ectible items watch   | n and misc  | \$300.00   |
| Exam No Yes  14. Any c No Yes  | s. Give specific information   | old items you o<br><br>our entries fror   | n Part 3, including a   | ncluding any health aids you did not list ny entries for pages you have attached  | \$2,600.00   |
| 2  | Describe Your Financial Assets   |   |   |   |  |
| Part 4. III  | occinco i cai i mancial i noccio   |   |   | ing?  | Command realize of the   |
|  | own or have any legal or eq  | uitable interes   | t in any of the follow  | ing:  | Current value of the portion you own?  Do not deduct secured claims or exemptions.                           |
| Do you o   |  | ur wallet, in you   | r home, in a safe depo  | osit box, and on hand when you file your petition   | portion you own? Do not deduct secured claims or exemptions.   |
| Do you o   | nples: Money you have in yo  | ur wallet, in you   | r home, in a safe depo  | osit box, and on hand when you file your petition   | portion you own? Do not deduct secured claims or exemptions.   |
| 16. Cash Exan No Yes   | sits of money nples: Checking, savings, or institutions. If you have   | ur wallet, in you   | r home, in a safe deponents; certificates of unts with the same ins   | osit box, and on hand when you file your petition  Cash  of deposit; shares in credit unions, brokerage he titution, list each. | portion you own? Do not deduct secured claims or exemptions.  \$100.00  nouses, and other similar            |
| 16. Cash Exan No Yes   | sits of money nples: Checking, savings, or institutions. If you have   | ur wallet, in you   | r home, in a safe deponents of the same instants.   | osit box, and on hand when you file your petition  Cash  of deposit; shares in credit unions, brokerage he titution, list each. | portion you own? Do not deduct secured claims or exemptions.  on \$100.00                                    |
| 16. Cash  Exan  No  Yes  17. Depo  Exan  No  Yes                       | nples: Money you have in you have in you have in you have in you have sits of money nples: Checking, savings, or institutions. If you have in your institutions. If you have institutions in your institutions. If you have institutions in your institutions. If you have institutions in your institutions in your institutions. If you have institutions in your instituti | other financial ae multiple accou   | r home, in a safe depondence of the counts; certificates of the counts with the same institution recounts.  PNC Ban brokerage firms, more uer name:   | cash  Cash  of deposit; shares in credit unions, brokerage hattution, list each.  hame:   | portion you own? Do not deduct secured claims or exemptions.  \$100.00  nouses, and other similar  \$200.00  |
| 16. Cash  Exan  No Yes  17. Depo  Exan  No Yes  18. Bond  Exan  No Yes | nples: Money you have in you have in you have in you have in you have sits of money nples: Checking, savings, or institutions. If you have in your institutions. If you have institutions in your institutions. If you have institutions in your institutions. If you have institutions in your institutions in your institutions. If you have institutions in your instituti | other financial ae multiple accou   | r home, in a safe depondence of the counts; certificates of the counts with the same institution recounts.  PNC Ban brokerage firms, more uer name:   | cash  Cash  of deposit; shares in credit unions, brokerage hattution, list each.  hame:   | portion you own? Do not deduct secured claims or exemptions.  \$100.00  sources, and other similar  \$200.00 |
| 16. Cash  Exam  No Yes  17. Depo  Exam  No Yes  18. Bond  Exam  No Yes | nples: Money you have in you sits of money nples: Checking, savings, or institutions. If you have seemed and funds, or publicly traded stock and in publicly trad | other financial as multiple account with accounts with institution or issumer accounts in inconterests in inconterests. | r home, in a safe depondence of the counts; certificates of the counts with the same institution reconstruction of the counts with the same institution of the counts with the counts | cash  Cash  of deposit; shares in credit unions, brokerage hattution, list each.  hame:   | portion you own? Do not deduct secured claims or exemptions.  \$100.00  nouses, and other similar  \$200.00  |

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Page 13 of 52
Case number (if known)

Document Debtor 1 Michael J Reed

Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information..

| Debtor 1  | Michael J Reed  | Document   | Page 14 of 52 Case number (if known)   |                            |
|---|---|--|--|----------------------------|
|   | sts in insurance policies<br>ples: Health, disability, or life insurar  | nce; health savings account                              | (HSA); credit, homeowner's, or renter's insurar  | nce                        |
| ■ Yes.  | Name the insurance company of ea<br>Company na  |  | Beneficiary:   | Surrender or refund value: |
|   | Life Insura   | nce (Term Policy)  | Son of debtor  | \$1.00                     |
| If you some No Yes.  33. Claim: Exam No Yes.  34. Other No Yes. | one has died.  Give specific information  s against third parties, whether or ples: Accidents, employment dispute.  Describe each claim | not you have filed a lawster, insurance claims, or right | nsurance policy, or are currently entitled to reconstruction of the construction of th |                            |
|   | Give specific information  the dollar value of all of your entri  | ies from Part 4. including a                             | any entries for pages you have attached  |                            |
|   |   |  |  | \$301.00                   |
| Part 5: De  | escribe Any Business-Related Property   | You Own or Have an Interest                              | In. List any real estate in Part 1.  |                            |
| No. G   | own or have any legal or equitable into 0 to Part 6. Go to line 38.   | erest in any business-related                            | property?  |                            |
| Part 6: De  | escribe Any Farm- and Commercial Fis<br>you own or have an interest in farmland, I  | hing-Related Property You Ovist it in Part 1.            | wn or Have an Interest In.   |                            |
| ■ No  | u own or have any legal or equital<br>. Go to Part 7.<br>s. Go to line 47.  | ole interest in any farm- or                             | commercial fishing-related property?   |                            |
| Part 7:   | Describe All Property You Own or H  | lave an Interest in That You D                           | id Not List Above  |                            |
| Exam<br>■ No  | u have other property of any kind<br>ples: Season tickets, country club m   |  |  |                            |
| ☐ Yes.  | Give specific information   |  |  |                            |
| 54. <b>Add</b>  | the dollar value of all of your entri   | es from Part 7. Write that                               | number here  | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

Page 15 of 52
Case number (if known) Document Debtor 1 Michael J Reed

| Part | List the Totals of Each Part of this Form                    |            |                              |              |
|------|--|------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |            |                              | \$145,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$3,000.00 |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,600.00 |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$301.00   |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$5,901.00 | Copy personal property total | \$5,901.00   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |            |                              | \$150,901.00 |

Official Form 106A/B Schedule A/B: Property page 6

|                     |                          | I A A A HIII.     | 111 1 11111. 111111. | ,, |                      |
|---------------------|--------------------------|-------------------|----------------------|----|----------------------|
| Fill in this inform | mation to identify your  | case:             |                      |    |                      |
| Debtor 1            | Michael J Reed           |                   |                      |    |                      |
|                     | First Name               | Middle Name       | Last Name            |    |                      |
| Debtor 2            |                          |                   |                      |    |                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name            |    |                      |
| United States Ba    | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS          |    |                      |
| Case number         |                          |                   |                      |    |                      |
| (if known)          |                          |                   |                      |    | ☐ Check if this is a |
|                     |                          |                   |                      |    | amended filing       |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| 3101 Monroe St Bellwood, IL 60104<br>Cook County                                       | \$145,000.00                         |     | \$15,000.00   | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: 1.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2004 Volvo XC-90   | \$3,000.00                           |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Location: 3101 Monroe St, Bellwood IL 60104 Line from Schedule A/B: 3.1                |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2004 Volvo XC-90<br>Location: 3101 Monroe St, Bellwood                                 | \$3,000.00                           |     | \$600.00  | 735 ILCS 5/12-1001(b)              |
| IL 60104<br>Line from Schedule A/B: 3.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc used household goods and furnishings  | \$1,500.00                           |     | \$1,500.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc used common electronics, tv   | \$400.00                             |     | \$400.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 7.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 17 of 52

| DE | ebior i wiichael J Reed   |                                      |         | Case number (ii known)  |                                    |
|----|---|--------------------------------------|---------|---|------------------------------------|
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|    | Misc used personal clothing Line from Schedule A/B: 11.1                            | \$400.00                             |         | \$400.00  | 735 ILCS 5/12-1001(a)              |
|    |   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Misc used non-collectible items watch and misc                                      | \$300.00                             |         | \$300.00  | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule A/B: 12.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Cash Line from Schedule A/B: 16.1   | \$100.00                             |         | \$100.00  | 735 ILCS 5/12-1001(b)              |
|    | Elle Holli Genedale A.B. 16.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: PNC Bank Line from Schedule A/B: 17.1                                     | \$200.00                             |         | \$200.00  | 735 ILCS 5/12-1001(b)              |
|    | Elle Holli Genedale A/B.  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Life Insurance (Term Policy)<br>Beneficiary: Son of debtor                          | \$1.00                               |         | \$1.00  | 215 ILCS 5/238                     |
|    | Line from Schedule A/B: 31.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  |                                      |         | led on or after the date of adjustmen                           | ıt.)                               |
|    | ■ No  | , - ,                                |         |   | ,                                  |
|    | ☐ Yes. Did you acquire the property cove  | ered by the exemption wi             | ithin 1 | ,215 days before you filed this case?                           | ?                                  |
|    | □ No  |                                      |         |   |                                    |
|    | ☐ Yes   |                                      |         |   |                                    |

| Case 18-05219  |  | ered 02/26/18 15:<br><u>18 of 52</u>                      | 02:33 Desc N                                 | iaiii                    |
|--|--|---|--|--------------------------|
| Fill in this information to identify   |  |   |  |                          |
| Debtor 1 Michael J Re  | eed  |   |  |                          |
| First Name   | Middle Name Last Name  | )   | •  |                          |
| Debtor 2 (Spouse if, filing) First Name  | Middle Name Last Name  | 3   |  |                          |
|  |  |   |  |                          |
| United States Bankruptcy Court for   | INDEXTREEN DISTRICT OF ILLINOIS  |   | -  |                          |
| Case number  |  |   | ☐ Check                                      | if this is an            |
|  |  |   | amend  | ded filing               |
| Official Form 106D   |  |   |  |                          |
|  | una Wha Llava Claima Saaw  | ad by Dranaut   |  | 4044                     |
| Schedule D: Credita  | ers Who Have Claims Secu   | ed by Propert   | <u>y                                    </u> | 12/15                    |
|  | ble. If two married people are filing together, both ar<br>Il it out, number the entries, and attach it to this forr   |   |  |                          |
| . Do any creditors have claims secure  | ed by your property?   |   |  |                          |
| $\square$ No. Check this box and subr  | nit this form to the court with your other schedule  | s. You have nothing else t                                | o report on this form.                       |                          |
| Yes. Fill in all of the informat   | ion below.   |   |  |                          |
| Part 1: List All Secured Claims  | •  |   |  |                          |
|  | nas more than one secured claim, list the creditor separa  | Column A  | Column B                                     | Column C                 |
| for each claim. If more than one creditor  | has a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.   | As Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 CitiMortgage Corp  | Describe the property that secures the claim:  | \$154,950.00  | \$145,000.00                                 | \$9,950.00               |
| Creditor's Name  | 3101 Monroe St Bellwood, IL 60104  |   |  |                          |
| Attn: Bankruptcy Dept<br>1000 Technology Dr MS   | (Residence)  |   |  |                          |
| 420  | As of the date you file, the claim is: Check all that apply.   | t   |  |                          |
| O Fallon, MO 63368   | Contingent   |   |  |                          |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated   |   |  |                          |
| W/ the debt0 0   | Disputed   |   |  |                          |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  | · · · · · · · · · · · ·                                   |  |                          |
| Debtor 1 only  |  | r securea   |  |                          |
| Debtor 2 only  | Положения и положения в положе |   |  |                          |
| Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lier<br>ler ☐ Judgment lien from a lawsuit  | 1)  |  |                          |
| A 4 1 4 4 4b   |  |   |  |                          |
| At least one of the debtors and anoth  |  | no.   |  |                          |
| ☐ At least one of the debtors and anoth☐ Check if this claim relates to a community debt | Other (including a right to offset)  | ge  |  |                          |

Add the dollar value of your entries in Column A on this page. Write that number here: \$154,950.00 If this is the last page of your form, add the dollar value totals from all pages. \$154,950.00

Write that number here:

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   |   | Document  | Page            | 19 of        | 52                       |                 |            |                            |
|---|---|---|-----------------|--------------|--------------------------|-----------------|------------|----------------------------|
| Fill in this inforr                                       | nation to identify your case  | :   |                 |              |                          |                 |            |                            |
| Debtor 1  | Michael J Reed  |   |                 |              |                          |                 |            |                            |
|   | First Name  | Middle Name   | Last Nam        | е            |                          |                 |            |                            |
| Debtor 2<br>Spouse if, filing)                            | First Name  | Middle Name   | Last Nam        | е            |                          |                 |            |                            |
| Jnited States Ba  | nkruptcy Court for the: NC  | ORTHERN DISTRICT OF ILL   | LINOIS          |              |                          |                 |            |                            |
| Case number   |   |   |                 |              |                          |                 |            |                            |
| (if known)  |   |   |                 |              |                          |                 |            | if this is an<br>ed filing |
| Official Forn   | n 106E/F  |   |                 |              |                          |                 |            |                            |
|   | F: Creditors Who  | <b>Have Unsecured</b>   | Claim           | S            |                          |                 |            | 12/15                      |
| eft. Attach the Con<br>ame and case nur<br>Part 1: List A | II of Your PRIORITY Unsecu  | you have no information to rep<br>ured Claims                           |                 |              |                          |                 |            |                            |
|   | ors have priority unsecured cla   | ims against you?  |                 |              |                          |                 |            |                            |
| ☐ No. Go to P   | Part 2.   |   |                 |              |                          |                 |            |                            |
| Yes.  |   |   |                 |              |                          |                 |            |                            |
| identify what ty<br>possible, list the                    | r priority unsecured claims. If a<br>pe of claim it is. If a claim has bot<br>e claims in alphabetical order acc<br>than one creditor holds a particula | th priority and nonpriority amount cording to the creditor's name. If y | ts, list that o | claim here a | and show both priority a | nd nonprior     | ity amount | s. As much as              |
| (For an explana   | ation of each type of claim, see th   | ne instructions for this form in the                                    | instruction     | booklet.)    |                          |                 |            |                            |
|   |   |   |                 |              | Total claim              | Priority amount |            | Nonpriority amount         |
|   | Attorney General  | Last 4 digits of accour   | nt number       | 4657         | \$0.00                   |                 | \$0.00     | \$0.00                     |
| RE: Baı   | editor's Name  nkruptcy Dept tate St #700   | When was the debt inc   | curred?         | 2007         |                          | -               |            |                            |
| Chicago   | o, IL 60605   |   |                 |              |                          |                 |            |                            |
|   | treet City State Zlp Code   | As of the date you file   | , the claim     | is: Check a  | all that apply           |                 |            |                            |
| _   | d the debt? Check one.  | ☐ Contingent  |                 |              |                          |                 |            |                            |
| ■ Debtor 1 c  | only  | ☐ Unliquidated  |                 |              |                          |                 |            |                            |
| Debtor 2 o  | only  | ☐ Disputed  |                 |              |                          |                 |            |                            |
| Debtor 1 a  | and Debtor 2 only   | Type of PRIORITY uns  | secured cla     | aim:         |                          |                 |            |                            |
| ☐ At least or   | ne of the debtors and another   | ■ Domestic support ob   | oligations      |              |                          |                 |            |                            |
| ☐ Check if t  | his claim is for a community d  | lebt  Taxes and certain of  | ther debts y    | ou owe the   | government               |                 |            |                            |
| Is the claim s  | subject to offset?  | ☐ Claims for death or p   | personal in     | ury while yo | ou were intoxicated      |                 |            |                            |
| ■ No  |   | Other. Specify  |                 |              |                          |                 |            |                            |
| ☐ Yes   |   | No  | tice to a       | gency        |                          | -               |            |                            |

Page 20 of 52 Case number (if know) Document Debtor 1 Michael J Reed 2.2 \$500.00 \$0.00 Illinois Department of Revenue Last 4 digits of account number 4657 \$500.00 Priority Creditor's Name **Bankruptcy Dept** When was the debt incurred? 2016 PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Tax Claim 12/31/2016 2.3 \$1,200.00 Illinois Department of Revenue Last 4 digits of account number 4657 \$1,200.00 \$0.00 Priority Creditor's Name **Bankruptcy Dept** When was the debt incurred? 2015 PO Box 19035 Springfield, IL 62794-9035 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ■ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Tax Claim 12/31/2015 2.4 Illinois Dept of Human Service \$1,400.00 \$0.00 \$1,400.00 Last 4 digits of account number 1707 Priority Creditor's Name Attn Bankruptcy Dept When was the debt incurred? 1990 PO Box 19407 Fiscal Operation Springfield, IL 62794-9407 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed

■ No

☐ Yes

Type of PRIORITY unsecured claim:

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

Notice to agency (Order-Docket 90F00116)

Domestic support obligations

Other. Specify

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Entered 02/26/18 15:02:33 Case 18-05219 Doc 1 Filed 02/26/18 Desc Main Document

Page 21 of 52 Case number (if know) Debtor 1 Michael J Reed 2.5 \$3,300.00 **Internal Revenue Service** Last 4 digits of account number 4657 \$3,300.00 \$0.00 Priority Creditor's Name **Centralized Insolvency Operat** When was the debt incurred? 2016 PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Tax Claim Year 12/31/2016 2.6 **Internal Revenue Service** Last 4 digits of account number 4657 \$8,200.00 \$8,200.00 \$0.00 Priority Creditor's Name **Centralized Insolvency Operat** When was the debt incurred? 2015 PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes Tax Claim Year 12/31/2015 Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you?  $\square$  No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 22 of 52
Case number (if know)

Debtor 1 Michael J Reed 4.1 \$444.00 **AFNI COLLECTION** Last 4 digits of account number 8216 Nonpriority Creditor's Name **RE: AT& Mobility** When was the debt incurred? 2017 PO Box 3517 **Bloomington, IL 61702-3517** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection ☐ Yes 4.2 **Aspire VISA** Last 4 digits of account number \$1,000.00 Nonpriority Creditor's Name PO Box 23007 2006 When was the debt incurred? Columbus, GA 31902 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Credit ☐ Yes 4.3 **Capital One** 1985 \$400.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept When was the debt incurred? 2013-17 P.O. BOX 30281 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify Credit Account ☐ Yes

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 23 of 52
Case number (if know)

Debtor 1 Michael J Reed 4.4 \$0.00 **Chrysler Capital** Last 4 digits of account number 1000 Nonpriority Creditor's Name PO Box 961275 When was the debt incurred? 2018 **RE Bankruptcy Dept** Fort Worth, TX 76161-1275 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other Specify Notice To Other Location ☐ Yes 4.5 **Chrysler Financial** Last 4 digits of account number 3048 \$35,000.00 Nonpriority Creditor's Name Attn Bankruptcy Dept When was the debt incurred? 2017 PO Box 961278 Fort Worth, TX 76161-1278 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Deficiency on Auto** Other. Specify 4.6 City of Chicago \$100.00 Last 4 digits of account number Nonpriority Creditor's Name Wage Garnishment Unit When was the debt incurred? 2016 121 N. Lasalle St. # 107A Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Ticket ☐ Yes

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 24 of 52 Case number (if know)

Debtor 1 Michael J Reed 4.7 \$130.00 Comcast Last 4 digits of account number 3082 Nonpriority Creditor's Name PO Box 3001 When was the debt incurred? 2017 **RE Bankruptcy Dept** Southeastern, PA 19398-3001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Service ☐ Yes 4.8 **Credence Resource Mgmt** Last 4 digits of account number 7279 \$380.00 Nonpriority Creditor's Name 17000 Dallas Pkwv #204 When was the debt incurred? 2017 RE DirecTV Dallas, TX 75248 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collection Other. Specify 4.9 \$723.00 **Fingerhut** Last 4 digits of account number 6116 Nonpriority Creditor's Name **PO Box 166** When was the debt incurred? 2016-17 RE Bankruptcy Dept Newark, NJ 07101-0166 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 25 of 52

Debtor 1 Michael J Reed Case number (if know) 4.1 First Premier Bank \$595.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Dept 2013 When was the debt incurred? PO Box 5524 Sioux Falls, SD 57117-5524 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit 4.1 **Illinois Tollway Authority** 9616 \$3,190.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 5544 2017 When was the debt incurred? RE Bankruptcy Dept Chicago, IL 60680-5544 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Tollway 4.1 Law Office of Harris & Harris 8000 \$7,775.00 Last 4 digits of account number Nonpriority Creditor's Name **RE Illinois Tollway** When was the debt incurred? 2017 111 W. Jackson Blvd #400 Chicago, IL 60604 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Collection

Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Case 18-05219 Page 26 of 52
Case number (if know) Document

| Debtor 1   | Michael J   | Reed  |  | Case n           | umber (i   | f know)                      |                         |
|--|---|---|--|------------------|------------|------------------------------|-------------------------|
| J  |   | coveries Inc.   | Last 4 digits of account number  | 5330             |            | _                            | \$1,738.00              |
| P(<br>R)   | •   | 67<br>Education   | When was the debt incurred?  | 2018             |            |                              |                         |
|  |   | s, MN 55448-0367<br>City State Zlp Code                   | As of the date you file, the claim   | is: Check        | all that a | pply                         |                         |
| W  | ho incurred t   | the debt? Check one.                                      |  |                  |            |                              |                         |
|  | Debtor 1 onl  | y   | ☐ Contingent   |                  |            |                              |                         |
|  | Debtor 2 onl  | у   | ☐ Unliquidated   |                  |            |                              |                         |
|  | Debtor 1 and  | d Debtor 2 only   | ☐ Disputed   |                  |            |                              |                         |
|  | At least one  | of the debtors and another                                | Type of NONPRIORITY unsecure   | d claim:         |            |                              |                         |
|  | Check if thi  | s claim is for a community                                | ☐ Student loans  |                  |            |                              |                         |
|  | ebt<br>the claim su   | bject to offset?  | Obligations arising out of a separeport as priority claims   | aration ag       | reement o  | or divorce that you did not  |                         |
|  | No  |   | Debts to pension or profit-sharing   | ng plans,        | and other  | similar debts                |                         |
|  | l Yes   |   | ■ Other. Specify Collection  |                  |            |                              |                         |
|  |   | edit Services, Inc.                                       | Last 4 digits of account number  | 8216             |            | _                            | \$444.00                |
| R  | onpriority Cred E: AT&T O BOX 91                                  |   | When was the debt incurred?  | 2018             |            |                              |                         |
| Fa   | armingdal<br>umber Street   | e, NY 11735-9100 City State Zlp Code the debt? Check one. | As of the date you file, the claim   | <b>is:</b> Check | all that a | pply                         |                         |
|  | Debtor 1 onl  | ly  | ☐ Contingent   |                  |            |                              |                         |
|  | Debtor 2 onl  | y   | ☐ Unliquidated   |                  |            |                              |                         |
|  | Debtor 1 and  | d Debtor 2 only   | ☐ Disputed   |                  |            |                              |                         |
|  | At least one  | of the debtors and another                                | Type of NONPRIORITY unsecure   | d claim:         |            |                              |                         |
|  | Check if thi  | s claim is for a community                                | ☐ Student loans  |                  |            |                              |                         |
|  | ebt<br>the claim su   | bject to offset?  | ☐ Obligations arising out of a separeport as priority claims   | aration ag       | reement o  | or divorce that you did not  |                         |
|  | No  |   | Debts to pension or profit-sharing   | ng plans,        | and other  | similar debts                |                         |
|  | ] Yes   |   | Other. Specify Collection  |                  |            |                              |                         |
| Part 3:  | List Others   | s to Be Notified About a Debt                             | That You Already Listed  |                  |            |                              |                         |
| 5. Use this p<br>is trying t<br>have mor<br>notified f | page only if y<br>to collect fro<br>re than one o<br>or any debts | ou have others to be notified abo                         | out your bankruptcy, for a debt that the cone else, list the original creditor in ou listed in Parts 1 or 2, list the add ubmit this page. | Parts 1          | or 2, ther | n list the collection agency | here. Similarly, if you |
|  |   |   | s. This information is for statistical r   | enorting         | nurnose    | s only 28 U.S.C. 8159 Add    | the amounts for each    |
|  | nsecured cla  |   | s. This information is for statistical i   | oporting         | purpose    | 3 only. 20 0.0.0. 3100. Add  | the amounts for each    |
|  |   |   |  |                  |            | Total Claim                  |                         |
| Tota   |   | Domestic support obligations                              |  | 6a.              | \$         | 1,400.00                     |                         |
| claim<br>from Part                                     |   | Taxes and certain other debts y                           | ou owe the government  | 6b.              | \$         | 13,200.00                    |                         |
|  | 6c.   | Claims for death or personal inj                          | =  | 6c.              | \$         | 0.00                         |                         |
|  | 6d.   | Other. Add all other priority unsec                       | ured claims. Write that amount here.   | 6d.              | \$         | 0.00                         |                         |
|  | 6e.   | Total Priority. Add lines 6a through                      | gh 6d.   | 6e.              | \$         | 14,600.00                    |                         |
|  |   |   |  |                  |            | Total Claim                  |                         |
| Tota<br>claim  |   | Student loans   |  | 6f.              | \$         | 0.00                         |                         |
| from Part  |   | Obligations arising out of a sepa                         | aration agreement or divorce that  | 6g.              | \$         | 0.00                         |                         |

Official Form 106 E/F

Page 27 of 52 Case number (if know) Debtor 1 Michael J Reed

| 6h. | you did not report as priority claims<br>Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$<br>0.00      |
|-----|--|-----|-----------------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                          | 6i. | \$<br>51,919.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$<br>51.919.00 |

Official Form 106 E/F

|                     |                          | 17000000          |             |               |
|---------------------|--------------------------|-------------------|-------------|---------------|
| Fill in this infor  | mation to identify your  | case:             |             |               |
| Debtor 1            | Michael J Reed           |                   |             |               |
|                     | First Name               | Middle Name       | Last Name   |               |
| Debtor 2            |                          |                   |             |               |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |               |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |               |
| Case number         |                          |                   |             |               |
| (if known)          |                          |                   |             | Check if this |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the cor, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
| 2.3 | <u> </u>  |              | <u> </u>  |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 |           |              |   |                   |   |
| 2.4 | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | =                                       |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | <del>_</del>                            |
|     | ·,        |              | - Clato   |                   |   |

|                           |   | Docume   | <u>nt Page 29 (</u>   | of 52                   |                                     |
|---------------------------|---|--|---|-------------------------|-------------------------------------|
| Fill in thi               | s information to identify your  | case:  |   |                         |                                     |
| Debtor 1                  | Michael I Dood  |  |   |                         |                                     |
| Debioi                    | Michael J Reed First Name   | Middle Name  | Last Name   |                         |                                     |
| Debtor 2                  |   |  |   |                         |                                     |
| (Spouse if, f             | iling) First Name   | Middle Name  | Last Name   | -                       |                                     |
| United St                 | ates Bankruptcy Court for the:  | NORTHERN DISTRICT  | OF ILLINOIS   |                         |                                     |
| Ormod Or                  | acco Barmaptoy Court for the.   |  | <u> </u>  |                         |                                     |
| Case nur                  | mber  |  |   |                         |                                     |
| (if known)                |   |  |   |                         | ☐ Check if this is an               |
|                           |   |  |   |                         | amended filing                      |
| Officia                   | al Form 106H  |  |   |                         |                                     |
|                           |   |  |   |                         |                                     |
| Sche                      | dule H: Your Cod  | lebtors  |   |                         | 12/15                               |
|                           |   |  |   |                         |                                     |
| our nam                   | and number the entries in the<br>e and case number (if known<br>o you have any codebtors? (If | ). Answer every question   |   | , -                     | p of any Additional Pages, write    |
| 1. 00                     | you have any codebions: (II   | you are ming a joint case,   | do not list either spouse   | e as a codebior.        |                                     |
| ■ No                      |   |  |   |                         |                                     |
| Arizo ■ No □ Ye  3. In Co |   | n, Nevada, New Mexico, Pu<br>ruse, or legal equivalent live<br>tors. Do not include your | erto Rico, Texas, Wash with you at the time? spouse as a codebtor | ington, and Wisconsin.) |                                     |
|                           | n 106D), Schedule E/F (Officia<br>Column 2.   | I Form 106E/F), or Sched   | ule G (Official Form 10   | 06G). Use Schedule D,   | Schedule E/F, or Schedule G to fill |
|                           | Column 1: Your codebtor   |  |   | Column 2: The er        | editor to whom you owe the debt     |
|                           | Name, Number, Street, City, State and Z   | IP Code  |   | Check all schedule      |                                     |
|                           |   |  |   |                         |                                     |
| 3.1                       |   |  |   | Schedule D, lin         |                                     |
|                           | Name  |  |   | ☐ Schedule E/F,         |                                     |
|                           |   |  |   | ☐ Schedule G, lir       | ne                                  |
|                           | Number Street   |  |   | <del></del>             |                                     |
|                           | City  | State  | ZIP Code  |                         |                                     |
|                           |   |  |   |                         |                                     |
| 3.2                       | Namo  |  |   | Schedule D, lin         |                                     |
|                           | Name  |  |   | ☐ Schedule E/F,         |                                     |
|                           |   |  |   | ☐ Schedule G, lir       | ne                                  |
|                           | Number Street   |  |   | _                       |                                     |
|                           | City  | State  | ZIP Code  |                         |                                     |

# Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 30 of 52

| Fill                       | in this information to identify your c   | ase:  |  |                  |               |                    |                               |  |                   |               |               |
|----------------------------|--|---|--|------------------|---------------|--------------------|-------------------------------|--|-------------------|---------------|---------------|
| Del                        | otor 1 Michael J R   | eed   |  |                  |               |                    |                               |  |                   |               |               |
|                            | otor 2<br>use, if filing)  |   |  |                  | _             |                    |                               |  |                   |               |               |
| Uni                        | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC  | CT OF ILLINOIS                                 |                  |               |                    |                               |  |                   |               |               |
| (If kr                     | fficial Form 106l  | ome   |  |                  |               | ☐ An ☐ A s         |                               | d filing<br>ent showin<br>as of the fo |                   | 9             | oter<br>12/15 |
| Be a<br>sup<br>spo<br>atta | es complete and accurate as pos<br>plying correct information. If you<br>use. If you are separated and you<br>ch a separate sheet to this form.<br>t1: Describe Employment | sible. If two married peo<br>are married and not fili<br>ur spouse is not filing wi | ng jointly, and your spith you, do not include | ouse i<br>inforr | s liv<br>nati | ing with yon about | ou, incli<br>your spo         | ude inforn<br>use. If mo               | nation<br>ore spa | about your    | ed,           |
| 1.                         | Fill in your employment information.   |   | Debtor 1                                       |                  |               |                    | Debtor 2 or non-filing spouse |  |                   |               |               |
|                            | If you have more than one job, attach a separate page with information about additional  | Employment status   | ■ Employed □ Not employed                      |                  |               |                    | ☐ Emplo                       | -                                      |                   |               |               |
|                            | employers.   | Occupation  | Driver   |                  |               |                    |                               |  |                   |               |               |
|                            | Include part-time, seasonal, or self-employed work.  | Employer's name   | Whimsy Transpo                                 | nsport           |               |                    |                               |  |                   |               |               |
|                            | Occupation may include student or homemaker, if it applies.  | Employer's address  | 1901 Busse Rd<br>Mount Prospect,               | IL 600           | 56            |                    |                               |  |                   |               |               |
|                            |  | How long employed to  | here? 3 months                                 | 3                |               |                    | _                             |  |                   |               |               |
| Par                        | t 2: Give Details About Mo   | nthly Income  |  |                  |               |                    |                               |  |                   |               |               |
|                            | mate monthly income as of the duse unless you are separated.   | ate you file this form. If  | you have nothing to rep                        | ort for          | any           | line, write        | \$0 in the                    | space. Ind                             | clude y           | our non-filin | g             |
|                            | u or your non-filing spouse have m<br>e space, attach a separate sheet to  |   | ombine the information t                       | for all e        | mple          | oyers for th       | hat perso                     | n on the li                            | nes bel           | low. If you n | eed           |
|                            |  |   |  |                  |               | For Debt           | tor 1                         | For Del                                |                   |               |               |
| 2.                         | List monthly gross wages, sala deductions). If not paid monthly,   |   |  | 2.               | \$            | 5,0                | 083.00                        | \$                                     |                   | N/A           |               |
| 3.                         | Estimate and list monthly over   | ime pay.  |  | 3.               | +\$           |                    | 0.00                          | +\$                                    |                   | N/A           |               |

5,083.00

N/A

Calculate gross Income. Add line 2 + line 3.

# Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 31 of 52

| Deb | tor 1                       | Michael J Reed  | -    | С  | ase    | number ( <i>if known</i> )             |      |                    |                |                  |
|-----|-----------------------------|---|------|----|--------|--|------|--------------------|----------------|------------------|
|     |                             |   |      |    |        | Debtor 1                               | non- | Debtor<br>filing s | pouse          |                  |
|     | Cop                         | by line 4 here  | 4.   |    | \$_    | 5,083.00                               | \$   |                    | N/A            | <u> </u>         |
| 5.  | List                        | all payroll deductions:   |      |    |        |  |      |                    |                |                  |
|     | 5a.                         | Tax, Medicare, and Social Security deductions   | 5a   |    | \$     | 1,105.00                               | \$   |                    | N/A            |                  |
|     | 5b.                         | Mandatory contributions for retirement plans  | 5b   |    | \$<br> | 0.00                                   | \$   |                    | N/A            | _                |
|     | 5c.                         | Voluntary contributions for retirement plans  | 5c.  |    | \$     | 0.00                                   | \$   |                    | N/A            | _                |
|     | 5d.                         | Required repayments of retirement fund loans  | 5d   |    | \$     | 0.00                                   | \$   |                    | N/A            | <u> </u>         |
|     | 5e.                         | Insurance   | 5e   |    | \$     | 0.00                                   | \$   |                    | N/A            | <u> </u>         |
|     | 5f.                         | Domestic support obligations  | 5f.  |    | \$_    | 0.00                                   | \$   |                    | N/A            | _                |
|     | 5g.                         | Union dues  | 5g   |    | \$_    | 0.00                                   |      |                    | N/A            |                  |
|     | 5h.                         | Other deductions. Specify:  | _ 5h |    | \$_    |  | + \$ |                    | N/A            | _                |
| 6.  | Add                         | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   | ,  | §      | 1,105.00                               | \$   |                    | N/A            | <u> </u>         |
| 7.  | Cal                         | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   | ,  | F      | 3,978.00                               | \$   |                    | N/A            | <u>\</u>         |
| 8.  | List<br>8a.                 | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a   |    | \$     | 0.00                                   | \$   |                    | N/A            |                  |
|     | 8b.                         | Interest and dividends  | 8b   |    | \$     | 0.00                                   | \$   |                    | N/A            |                  |
|     | 8c.                         | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.  |    | \$     | 0.00                                   | \$   |                    | N/A            |                  |
|     | 8d.                         | Unemployment compensation   | 8d   |    | \$     | 0.00                                   | \$   |                    | N/A            |                  |
|     | 8e.                         | Social Security   | 8e   |    | \$     | 0.00                                   | \$   |                    | N/A            | <u> </u>         |
|     | 8f.                         | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f.  |    | \$     | 0.00                                   | \$   |                    | N/A            | _                |
|     | 8g.                         | Pension or retirement income  | 8g   |    | \$_    | 0.00                                   |      |                    | N/A            | _                |
|     | 8h.                         | Other monthly income. Specify:  | _ 8h | .+ | \$     | 0.00                                   | + »  |                    | N/A            | <u></u>          |
| 9.  | Add                         | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | \$ |        | 0.00                                   | \$   |                    | N/             | A                |
| 10  | Cal                         | culate monthly income. Add line 7 + line 9.   | 10.  | \$ |        | 3,978.00 + \$                          |      | N/A                | = \$           | 3,978.00         |
|     |                             | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |      | Ψ_ |        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |      | 14/7               |                | 3,37 0.00        |
| 11. | Star<br>Incli<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:      | depe |    | ,      | •                                      | ,    | chedule<br>11.     |                | 0.00             |
| 12. |                             | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certainlies   |      |    |        |  |      | 12.                | \$             | 3,978.00         |
| 13. | Do :                        | you expect an increase or decrease within the year after you file this form No.   | ?    |    |        |  |      |                    | Combi<br>month | ned<br>ly income |
|     |                             | No.   |      |    |        |  |      |                    |                | 1                |

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 32 of 52

| Filli        | n this informa                                | tion to identify yo                                  | our case:              |   |                         |                               |                   |   |
|--------------|---|--|------------------------|---|-------------------------|-------------------------------|-------------------|---|
| Debt         |   | Michael J Re   |                        |   |                         | Che                           | ck if this is:    |   |
| Dala         | 0   | MIONAGI O IX   | ,ou                    |   | An amended filing       | olonia antara (Maranda antara |                   |   |
| Debt<br>(Spo | or 2<br>use, if filing)                       |  |                        |   |                         |                               | 13 expenses as of | ving postpetition chapter the following date: |
| Unite        | ed States Bankr                               | uptcy Court for the                                  | : NORTH                | HERN DISTRICT OF ILLIN                                      | OIS                     |                               | MM / DD / YYYY    |   |
|              | e number                                      |  |                        |   |                         |                               |                   |   |
| Of           | ficial Fo                                     | rm 106J  |                        |   |                         | •                             |                   |   |
| Sc           | hedule  | J: Your  | Exper                  | nses  |                         |                               |                   | 12/1  |
| Be a         | as complete a                                 | and accurate as                                      | possible<br>eded, atta | . If two married people ar<br>ich another sheet to this     |                         |                               |                   |   |
| Part         |   | ibe Your House                                       | hold                   |   |                         |                               |                   |   |
| 1.           | Is this a joir                                |  |                        |   |                         |                               |                   |   |
|              | ■ No. Go to                                   |  | in a separ             | ate household?  |                         |                               |                   |   |
|              | □и  | 0  | •                      | al Form 106J-2, Expenses                                    | for Separate House      | ehold of Deb                  | otor 2.           |   |
| 2            |   | e dependents?  | _                      | a., e 1000 <u>2</u> , <u>2</u> , pensoo                     | rer Coparato ricaco     |                               |                   |   |
| 2.           | Do not list D                                 | •  | ■ No<br>□ Yes.         | Fill out this information for                               | Dependent's relat       | ionship to                    | Dependent's       | Does dependent                                |
|              | Debtor 2.                                     |  | <b>ப</b> 103.          | each dependent  | Debtor 1 or Debto       |                               | age               | live with you?                                |
|              | Do not state dependents                       |  |                        |   |                         |                               |                   | □ No  |
|              | dependents                                    | names.   |                        |   |                         |                               |                   | □ Yes<br>□ No                                 |
|              |   |  |                        |   |                         |                               |                   | ☐ Yes   |
|              |   |  |                        |   |                         |                               |                   | □ No  |
|              |   |  |                        |   |                         |                               |                   | ☐ Yes   |
|              |   |  |                        |   |                         |                               |                   | □ No  |
| _            | Da  |  |                        |   |                         |                               |                   | ☐ Yes   |
| 3.           | expenses o                                    | penses include<br>f people other t<br>d your depende | han $_{m \Box}$        | No<br>Yes   |                         |                               |                   |   |
| Part         | 2: Fetim                                      | ate Your Ongoi                                       | na Month               | ly Fynansas   |                         |                               |                   |   |
| Esti<br>exp  | mate your ex                                  | cpenses as of you                                    | our bankr              | uptcy filing date unless y<br>y is filed. If this is a supp |                         |                               |                   |   |
| the          | ude expense<br>value of sucl<br>icial Form 10 | h assistance an                                      | non-cash<br>d have ind | government assistance it cluded it on Schedule I: Y         | you know<br>Your Income |                               | Your exp          | enses   |
| •            |   | ,  |                        |   |                         |                               |                   |   |
| 4.           |   | or home owners<br>and any rent for th                |                        | ses for your residence. In<br>or lot.                       | nclude first mortgag    | e<br>4. \$                    | \$                | 1,435.00                                      |
|              | If not includ                                 | led in line 4:                                       |                        |   |                         |                               |                   |   |
|              |   | estate taxes   |                        |   |                         | 4a. \$                        | \$                | 0.00  |
|              |   | rty, homeowner's                                     |                        |   |                         | 4b. \$                        | ·                 | 0.00  |
|              |   |  |                        | upkeep expenses   |                         | 4c. \$                        | ·                 | 100.00  |
| 5            |   | owner's associat                                     |                        | dominium dues<br><b>our residence</b> , such as ho          | mo oquity loons         | 4d. 5                         | ·                 | 0.00  |

## Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 33 of 52

| Deb | tor 1                                   | Michael J Reed   | Case num     | ber (if known) | _                            |  |  |  |  |
|-----|---|--|--------------|----------------|------------------------------|--|--|--|--|
| 6.  | Utiliti                                 | es:  |              |                |                              |  |  |  |  |
| ٥.  | 6a.                                     | Electricity, heat, natural gas   | 6a.          | \$             | 210.00                       |  |  |  |  |
|     | 6b.                                     | Water, sewer, garbage collection   | 6b.          |                | 95.00                        |  |  |  |  |
|     | 6c.                                     | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | \$             | 268.00                       |  |  |  |  |
|     | 6d.                                     | Other. Specify:  | 6d.          | ·              | 0.00                         |  |  |  |  |
| 7.  | 7. Food and housekeeping supplies 7. \$ |  |              |                |                              |  |  |  |  |
| 8.  |   | care and children's education costs  | 8.           | \$             | 650.00<br>0.00               |  |  |  |  |
| 9.  | Cloth                                   | ing, laundry, and dry cleaning   | 9.           | \$             | 80.00                        |  |  |  |  |
| 10. | Perso                                   | onal care products and services  | 10.          | \$             | 50.00                        |  |  |  |  |
| 11. | Medi                                    | cal and dental expenses  | 11.          | \$             | 20.00                        |  |  |  |  |
|     |   | sportation. Include gas, maintenance, bus or train fare.   |              | ·              |                              |  |  |  |  |
|     |   | ot include car payments.   | 12.          | \$             | 360.00                       |  |  |  |  |
| 13. | Enter                                   | tainment, clubs, recreation, newspapers, magazines, and books  | 13.          | \$             | 65.00                        |  |  |  |  |
| 14. | Chari                                   | itable contributions and religious donations   | 14.          | \$             | 260.00                       |  |  |  |  |
| 15. | Insur                                   |  |              |                |                              |  |  |  |  |
|     |   | ot include insurance deducted from your pay or included in lines 4 or 20.  |              | _              |                              |  |  |  |  |
|     |   | Life insurance   | 15a.         | *              | 0.00                         |  |  |  |  |
|     |   | Health insurance   | 15b.         |                | 0.00                         |  |  |  |  |
|     |   | Vehicle insurance  | 15c.         |                | 122.00                       |  |  |  |  |
|     |   | Other insurance. Specify:  | 15d.         | \$             | 0.00                         |  |  |  |  |
| 16. |   | s. Do not include taxes deducted from your pay or included in lines 4 or 20.   | 40           | Φ.             |                              |  |  |  |  |
|     | Speci                                   | •  | 16.          | \$             | 0.00                         |  |  |  |  |
| 17. |   | Ilment or lease payments:  | 17a.         | ¢              | 0.00                         |  |  |  |  |
|     |   | Car payments for Vehicle 1   | 17a.<br>17b. |                | 0.00                         |  |  |  |  |
|     |   | Car payments for Vehicle 2   | 17b.<br>17c. |                | 0.00                         |  |  |  |  |
|     |   | Other Specify: Home Alarm Service  | 176.<br>17d. | ·              | 38.00                        |  |  |  |  |
| 10  |   | Other. Specify: Pet care tags, vet bills payments of alimony, maintenance, and support that you did not report as  | 170.         | Ф              | 120.00                       |  |  |  |  |
| 10. |   | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.          | \$             | 44.00                        |  |  |  |  |
| 19. |   | r payments you make to support others who do not live with you.  |              | \$             | 0.00                         |  |  |  |  |
|     | Speci                                   |  | 19.          | ·              | <u> </u>                     |  |  |  |  |
| 20. |   | r real property expenses not included in lines 4 or 5 of this form or on Sche  |              | our Income.    |                              |  |  |  |  |
|     |   | Mortgages on other property  | 20a.         |                | 0.00                         |  |  |  |  |
|     | 20b.                                    | Real estate taxes  | 20b.         | \$             | 0.00                         |  |  |  |  |
|     | 20c.                                    | Property, homeowner's, or renter's insurance   | 20c.         | \$             | 0.00                         |  |  |  |  |
|     | 20d.                                    | Maintenance, repair, and upkeep expenses   | 20d.         | \$             | 0.00                         |  |  |  |  |
|     | 20e.                                    | Homeowner's association or condominium dues  | 20e.         | \$             | 0.00                         |  |  |  |  |
| 21. | Othe                                    | r: Specify:  | 21.          | +\$            | 0.00                         |  |  |  |  |
|     |   | · · -  | <u></u> ,    |                |                              |  |  |  |  |
| 22. |   | ulate your monthly expenses  |              |                |                              |  |  |  |  |
|     |   | Add lines 4 through 21.  |              | \$             | 3,917.00                     |  |  |  |  |
|     | 22b. (                                  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             |                              |  |  |  |  |
|     | 22c. /                                  | Add line 22a and 22b. The result is your monthly expenses.   |              | \$             | 3,917.00                     |  |  |  |  |
| 23  | Calci                                   | ulate your monthly net income.   |              |                |                              |  |  |  |  |
| 20. |   | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | \$             | 3,978.00                     |  |  |  |  |
|     |   | Copy your monthly expenses from line 22c above.  | 23b.         |                | 3,917.00                     |  |  |  |  |
|     | 200.                                    | esp, jest monthly expenses from the 220 deeps.   | 200.         |                | 3,317.00                     |  |  |  |  |
|     | 23c.                                    | Subtract your monthly expenses from your monthly income.   |              |                |                              |  |  |  |  |
|     | _00.                                    | The result is your <i>monthly net income</i> .   | 23c.         | \$             | 61.00                        |  |  |  |  |
|     |   | •  |              |                |                              |  |  |  |  |
| 24. |   | ou expect an increase or decrease in your expenses within the year after your expenses within the year after your car loan within the year or do you expect your |              |                | ase or decrease because of a |  |  |  |  |
|     |   | cation to the terms of your mortgage?  | 3-3-1        | . ,            |                              |  |  |  |  |
|     | ■ No                                    | ).   |              |                |                              |  |  |  |  |
|     | ПУ                                      |  |              |                |                              |  |  |  |  |

## Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 34 of 52

| Fill in this infor  | mation to identify you                          | r case:                     |                            |                         |  |
|---|---|-----------------------------|----------------------------|-------------------------|--|
| Debtor 1  | Michael J Reed                                  |                             |                            |                         |  |
|   | First Name                                      | Middle Name                 | Last Name                  |                         |  |
| Debtor 2<br>(Spouse if, filing)                           | First Name                                      | Middle Name                 | Last Name                  |                         |  |
| United States Ba  | nkruptcy Court for the:                         | NORTHERN DISTRICT           | OF ILLINOIS                |                         |  |
| Case number _ (if known)                                  |   |                             |                            |                         | ☐ Check if this is an amended filing                                 |
| Official Forr<br><b>Declarat</b>                          | -   | an Individual               | Debtor's Sc                | hedules                 | 12/15  |
| You must file thi<br>obtaining money<br>years, or both. 1 | s form whenever you                             | in connection with a bank   | or amended schedules       | . Making a false statem | ent, concealing property, or<br>or imprisonment for up to 20         |
| Did you pa  | y or agree to pay som                           | eone who is NOT an attorr   | ney to help you fill out b | pankruptcy forms?       |  |
| ■ No  |   |                             |                            |                         |  |
| ☐ Yes. N  | Name of person                                  |                             |                            |                         | ptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |
|   | lty of perjury, I declar<br>e true and correct. | e that I have read the sumr | nary and schedules file    | d with this declaration | and  |
| X /s/ Mic   | hael J Reed                                     |                             | X                          |                         |  |
|   | el J Reed                                       |                             | Signature of               | Debtor 2                |  |

Date

Signature of Debtor 1

Date **February 26, 2018** 

# Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 35 of 52

| Fill        | in this inform    | ation to identify you  | r case:                         |                                  |   |                               |  |  |  |  |  |  |
|-------------|-------------------|--|---------------------------------|----------------------------------|---|-------------------------------|--|--|--|--|--|--|
| Deb         | otor 1            | Michael J Reed   |                                 |                                  |   |                               |  |  |  |  |  |  |
| Dok         | otor 2            | First Name   | Middle Name                     | Last Name                        |   |                               |  |  |  |  |  |  |
|             | use if, filing)   | First Name   | Middle Name                     | Last Name                        |   |                               |  |  |  |  |  |  |
| Uni         | ted States Ban    | kruptcy Court for the:   | NORTHERN DISTRICT C             | OF ILLINOIS                      |   |                               |  |  |  |  |  |  |
| Cas         | se number         |  |                                 |                                  |   |                               |  |  |  |  |  |  |
|             | own)              |  |                                 |                                  |   | Check if this is an           |  |  |  |  |  |  |
|             |                   |  |                                 |                                  |   | mended filing                 |  |  |  |  |  |  |
|             | –                 | 4.0-   |                                 |                                  |   |                               |  |  |  |  |  |  |
|             | ficial For        |  |                                 |                                  |   |                               |  |  |  |  |  |  |
| Sta         | atement           | of Financial   | Affairs for Individ             | duals Filing for B               | ankruptcy                                     | 4/16                          |  |  |  |  |  |  |
|             |                   |  |                                 |                                  | equally responsible for sup                   |                               |  |  |  |  |  |  |
|             |                   | ore space is needed,<br>). Answer every que                              | •                               | this form. On the top of any     | additional pages, write you                   | ur name and case              |  |  |  |  |  |  |
|             |                   | ,  |                                 |                                  |   |                               |  |  |  |  |  |  |
| Par         |                   |  | rital Status and Where You      | Lived Before                     |   |                               |  |  |  |  |  |  |
| 1.          | What is your      | current marital statu  | is?                             |                                  |   |                               |  |  |  |  |  |  |
|             | ☐ Married         |  |                                 |                                  |   |                               |  |  |  |  |  |  |
|             | ■ Not marr        | ried   |                                 |                                  |   |                               |  |  |  |  |  |  |
| 2.          | During the la     | the last 3 years, have you lived anywhere other than where you live now? |                                 |                                  |   |                               |  |  |  |  |  |  |
|             | ■ No              |  |                                 |                                  |   |                               |  |  |  |  |  |  |
|             | _                 | all of the places you l  | ived in the last 3 years. Do no | ot include where you live now    | <u>.</u>                                      |                               |  |  |  |  |  |  |
|             |                   | . ,  | ·                               | •                                |   | D . D                         |  |  |  |  |  |  |
|             | Debtor 1 Pri      | or Address:  | Dates Debtor 1 lived there      | Debtor 2 Prior Ad                | aress:  | Dates Debtor 2<br>lived there |  |  |  |  |  |  |
| ,           | Within the le     | ot 9 voors, did vou o  | vor live with a speuce or les   | ual aquivalent in a commun       | ity property state or territor                | u2 (Community proporty        |  |  |  |  |  |  |
| s.<br>state |                   |  |                                 |                                  | co, Texas, Washington and V                   |                               |  |  |  |  |  |  |
|             | <b>-</b>          |  |                                 |                                  |   |                               |  |  |  |  |  |  |
|             | ■ No □ Yes. Mal   | ke sure vou fill out Sch   | nedule H: Your Codebtors (Of    | ficial Form 106H)                |   |                               |  |  |  |  |  |  |
|             |                   | ke sule you lill out Sci   | leddie 11. Todi Codebiois (Oi   | iliciai Foitii Toorij.           |   |                               |  |  |  |  |  |  |
| Par         | t 2 Explain       | the Sources of You   | r Income                        |                                  |   |                               |  |  |  |  |  |  |
| 4           | Did you have      | any income from an   | anleyment or from energtin      | a a business during this ve      | or or the two province colo                   | nder veere?                   |  |  |  |  |  |  |
| 4.          |                   |  | u received from all jobs and a  |                                  | ear or the two previous cale time activities. | nuar years?                   |  |  |  |  |  |  |
|             | If you are filing | g a joint case and you   | have income that you receive    | e together, list it only once un | der Debtor 1.                                 |                               |  |  |  |  |  |  |
|             | □ No              |  |                                 |                                  |   |                               |  |  |  |  |  |  |
|             | Yes. Fill         | in the details.  |                                 |                                  |   |                               |  |  |  |  |  |  |
|             |                   |  | Debtor 1                        |                                  | Debtor 2                                      |                               |  |  |  |  |  |  |
|             |                   |  | Sources of income               | Gross income                     | Sources of income                             | Gross income                  |  |  |  |  |  |  |
|             |                   |  | Check all that apply.           | (before deductions and           | Check all that apply.                         | (before deductions            |  |  |  |  |  |  |
|             |                   |  |                                 | exclusions)                      |   | and exclusions)               |  |  |  |  |  |  |
|             |                   | of current year until  | ■ Wages, commissions,           | \$4,860.00                       | ☐ Wages, commissions,                         |                               |  |  |  |  |  |  |
| uie         | uate you filed    | l for bankruptcy:  | bonuses, tips                   |                                  | bonuses, tips                                 |                               |  |  |  |  |  |  |
|             |                   |  | Operating a business            |                                  | ☐ Operating a business                        |                               |  |  |  |  |  |  |

Official Form 107

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Page 36 of 52
Case number (if known) Document

Debtor 1 Michael J Reed

|  |  |   |   | Debtor 1   |  |  |                                     | Debtor 2   |   |   |  |
|--|--|---|---|--|--|--|-------------------------------------|--|---|---|--|
| For last calendar year:<br>(January 1 to December 31, 2017)          |  | Sources of income<br>Check all that apply.      | (be   | Gross income<br>(before deductions and<br>exclusions)  |  | Sources of income<br>Check all that apply.   |                                     | Gross income<br>(before deductions<br>and exclusions)  |   |   |  |
|  |  | ■ Wages, commissions, bonuses, tips             |   |  |  | ☐ Wages, comouses, tips  | missions,                           |  |   |   |  |
|  |  |   |   | ☐ Operating a business   |  |  |                                     | ☐ Operating a l  | ousiness                                      |   |  |
| For the calendar year before that: (January 1 to December 31, 2016 ) |  |   |   | ☐ Wages, commissions, bonuses, tips  | •  |  |                                     | ☐ Wages, commissions, bonuses, tips  |   |   |  |
|  |  |   |   | Operating a business   |  |  |                                     | Operating a b  | ousiness                                      |   |  |
| 5.   | Include include and other winnings.  List each s | come regard<br>public benefi<br>If you are fili | less of wheth<br>it payments;<br>ng a joint cas<br>ne gross inco  | e during this year or the tweer that income is taxable. Expensions; rental income; interest and you have income that the from each source separate.  | xamples<br>erest; di<br>t you re                                       | s of other income are<br>ividends; money collectived together, list it   | e alim<br>ected<br>t only           | d from lawsuits; i<br>y once under De  | royalties; and<br>btor 1.                     | curity, unemployment,<br>I gambling and lottery       |  |
|  |  |   |   | Debtor 1   |  |  |                                     | Debtor 2   |   |   |  |
|  |  |   |   | Sources of income<br>Describe below.   | eac<br>(be   | oss income from<br>ch source<br>fore deductions and<br>clusions)   |                                     | Sources of inco<br>Describe below.   |   | Gross income<br>(before deductions<br>and exclusions) |  |
| Par  | rt 3: List                                       | Certain Pay                                     | yments You  | Made Before You Filed for  | r Bankr  | uptcy  |                                     |  |   |   |  |
| 6.   | □ No.  | Neither De individual puring the No. Yes        | btor 1 nor D rimarily for a 90 days befo Go to line 7 List below e paid that cre not include o adjustment r Debtor 2 o 90 days befo Go to line 7 List below e include pay | each creditor to whom you pareditor. Do not include payments to an attorney for on 4/01/19 and every 3 year both have primarily conser you filed for bankruptcy, or each creditor to whom you parents for domestic support | did you aid a totents for this bar ars after did you aid a totents for | pay any creditor a total of \$6,425* or more domestic support oblahruptcy case. I that for cases filed o debts.  pay any creditor a total of \$600 or more at the possible of the pay any creditor a total of \$600 or more at the possible of \$600 or more at th | e in o<br>ligati<br>on or<br>otal o | f \$6,425* or more pay-<br>one or more pay-<br>ions, such as chi-<br>after the date of<br>f \$600 or more? | re? ments and th ild support ar f adjustment. | ne total amount you and alimony. Also, do             |  |
|  |  |   | attorney for  | this bankruptcy case.  |  |  |                                     |  |   |   |  |
|  | Creditor'  | s Name and                                      | Address   | Dates of paym  | ent  | Total amount paid  |                                     | Amount you still owe   | Was this p                                    | ayment for  |  |

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 37 of 52 Case number (if known)

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |  |                      |                      |                  |                          |
|-----|---|--|----------------------|----------------------|------------------|--------------------------|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>  |  |                      |                      |                  |                          |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid    | Amount you still owe | Reason for t     | his payment              |
| 3.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos  |  | ments or transfer a  | ny property on a     | ccount of a de   | bt that benefited an     |
|     | ☐ Yes. List all payments to an insider  |  |                      |                      |                  |                          |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid    | Amount you still owe | Reason for t     | his payment<br>or's name |
| Pai | rt 4: Identify Legal Actions, Repossession  | ns, and Foreclosures   |                      |                      |                  |                          |
| Э.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  |  |                      |                      |                  |                          |
|     | Case title Case number  | Nature of the case   | Court or agency      |                      | Status of the    | case                     |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  |  | erty repossessed, f  | oreclosed, garnis    | hed, attached,   | seized, or levied?       |
|     | Yes. Fill in the information below.   |  |                      |                      |                  |                          |
|     | Creditor Name and Address   | Describe the Property  Explain what happened   |                      | Date                 |                  | Value of the property    |
|     | Chrysler Financial<br>PO Box 961278   | 2016 Dodge Ram 350   |                      | 1/9/2                | 018              | \$0.00                   |
|     | RE Bankruptcy Dept  | Proporty was reposed   | anad                 |                      |                  |                          |
|     | Fort Worth, TX 76161-1278   | <ul><li>■ Property was repossessed.</li><li>□ Property was foreclosed.</li><li>□ Property was garnished.</li></ul> |                      |                      |                  |                          |
|     |   | ☐ Property was garnished. ☐ Property was attached, seized or levied.   |                      |                      |                  |                          |
|     |   | — 1 Toperty was attached   | a, scizca of icvica. |                      |                  |                          |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed  No  Yes. Fill in the details.   |  | luding a bank or fir | nancial institution  | , set off any ar | nounts from your         |
|     | Creditor Name and Address   | Describe the action the  | creditor took        | Date taken           | action was       | Amount                   |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  ■ No □ Yes   |  | erty in the possess  | ion of an assigne    | e for the benef  | it of creditors, a       |

Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main

Page 38 of 52
Case number (if known) Document Debtor 1 Michael J Reed

| Par | t 5: List Certain Gifts and Contributions  |        |  |   |                           |
|-----|--|--------|--|---|---------------------------|
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.   | ptcy,  | did you give any gifts with a total value of more t  | nan \$600 per person                    | ?                         |
|     | Gifts with a total value of more than \$600 per person   |        | Describe the gifts   | Dates you gave the gifts                | Value                     |
|     | Person to Whom You Gave the Gift and Address:  |        |  |   |                           |
| 14. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift or cor                                     |        | did you give any gifts or contributions with a tota  | l value of more than                    | \$600 to any charity?     |
|     | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)         |        | Describe what you contributed  | Dates you contributed                   | Value                     |
| Par | t 6: List Certain Losses   |        |  |   |                           |
| 15. | or gambling?   | tcy oi | r since you filed for bankruptcy, did you lose anyt  | hing because of the                     | ft, fire, other disaster, |
|     | Yes. Fill in the details.  | Dogor  | ribe any insurance coverage for the loss   | Data of your                            | Value of property         |
|     | how the loss occurred  | nclud  | e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.                                    | Date of your loss                       | Value of property<br>lost |
| Par | t 7: List Certain Payments or Transfers  |        |  |   |                           |
| 16. | consulted about seeking bankruptcy or pre  | epari  | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required |   | erty to anyone you        |
|     | □ No   |        |  |   |                           |
|     | Yes. Fill in the details.  |        |  |   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                  | u      | Description and value of any property transferred  | Date payment or transfer was made       | Amount of payment         |
|     | Law Office of Richard S. Bass<br>2021 Midwest Road<br>Suite #200<br>Oak Brook, IL 60523<br>rbass@corpoffices.com                       |        | Attorney Fees  |   | \$1,000.00                |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that you | tors o |  | or transfer any prope                   | rty to anyone who         |
|     | ■ No   |        |  |   |                           |
|     | Yes. Fill in the details.  |        |  |   |                           |
|     | Person Who Was Paid<br>Address   |        | Description and value of any property transferred  | Date payment<br>or transfer was<br>made | Amount of payment         |

Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Case 18-05219 Page 39 of 52
Case number (if known) Document

Debtor 1 Michael J Reed

| beneficiary? (These are often called asset-protection devices.)  Name of trust  Description and value of the property transferred  Date Transfer was made  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  Name of Financial Institution  Who else had access to it? Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  Name of Financial Institution  Who else had access to it? Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and 2IP Code)  Who else has or had access to it? Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and 2IP Code)  Who else has or had access to it?  Address (Number, Street, City, State and 2IP Code)  No Yes. Fill in the details.  No Yes. Fill in the details.  Owner's Name  Address, Fill in the details.  Owner's Name  Address (Number, Street, City, State and 2IP Code)  Code)  Where is the property?  Where is the property?  Where is the property?  Where is the property?  Walue  Address (Number, Street, City, State and ZIP Code)   |     |  |   |                                    |             |                            |                  |        |
|--|-----|--|---|------------------------------------|-------------|----------------------------|------------------|--------|
| Person Who Received Transfer Address property transferred property transfer was made property (These are other called asset-protection devices.)    No   Yes. Fill in the details.   Description and value of the property transferred property that someone else owns? Include any property proper | 8.  | transferred in the ordinary course of your k Include both outright transfers and transfers m include gifts and transfers that you have alread No | ousiness or financial affa<br>nade as security (such as t | <b>iirs?</b><br>he granting of a s |             |                            |                  |        |
| Address person's relationship to you    Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are other called asset-protection devices.)    No  |     | ☐ Yes. Fill in the details.  |   |                                    |             |                            |                  |        |
| Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are other called asset-protection devices.)    No  |     |  | -   |                                    | paymer      | nts received or debts      |                  | r was  |
| beneficiary? (These are often called asset-protection devices.)  Name of trust  Description and value of the property transferred  Date Transfer was made  Description and value of the property transferred  Date Transfer was made  Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Financial Institution  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  No  Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Where is the property?  Where is the property?  What is the property Vou bold  |     | Person's relationship to you   |   |                                    |             |                            |                  |        |
| Name of trust  Description and value of the property transferred  Date Transfer was made  Date Transfer was made Transfer was made Transfer was made Transfer was made Transfer deposit Transfer Tr | 9.  | beneficiary? (These are often called asset-pr  |   | y property to a s                  | elf-settled | trust or similar device of | of which you a   | re a   |
| Manual Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units    List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units   List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units   List of Certain Financial Institution and Address, Swings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.   No  |     | _  |   |                                    |             |                            |                  |        |
| Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes, Fill in the details.  Name of Financial Institution and Address (number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  No Yes, Fill in the details.  No Yes, Fill in the details.  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  |     | Name of trust  | Description and v   | alue of the prop                   | erty transf | erred                      |                  | r was  |
| Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes, Fill in the details.  Name of Financial Institution and Address (number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  No Yes, Fill in the details.  No Yes, Fill in the details.  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  Ovuner's Name Address (Number, Street, City, State and ZIP Code)  | Par | t 8: List of Certain Financial Accounts In   | struments Safe Denosit                                    | Boyes and Sto                      | rana Unite  |                            |                  |        |
| sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill on the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill on the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill on the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Yes. Fill on the details. | а   | List of Octain I maneral Accounts, in  | istraments, care Deposit                                  | Boxes, and Oto                     | rage Omis   |                            |                  |        |
| No   No   No   No   No   No   No   No  | 20. | sold, moved, or transferred?   |   |                                    |             |                            | •                |        |
| Yes. Fill in the details.   Name of Financial Institution and Address (Number, Street, City, State and ZIP   account number   Type of account or instrument   closed, sold, moved, or transferred      |     |  | ciations, and other finan                                 | icial institutions                 |             |                            |                  |        |
| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)    Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   |     | _  |   |                                    |             |                            |                  |        |
| Address (Number, Street, City, State and ZIP  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Value  Part 10: Give Details About Environmental Information   |     |  |   |                                    |             |                            |                  |        |
| No   |     | Address (Number, Street, City, State and ZIP   | •   | • •                                |             | closed, sold,<br>moved, or | before clos      | ing or |
| ☐ Yes. Fill in the details.         Name of Financial Institution Address (Number, Street, City, State and ZIP Code)       Who else had access to it? Address (Number, Street, City, State and ZIP Code)       Do you still have it?         22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?         ■ No       Yes. Fill in the details.         Name of Storage Facility Address (Number, Street, City, State and ZIP Code)       Who else has or had access to it? Yes. Fill in the details.         Part 9: Identify Property You Hold or Control for Someone Else         23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.         ■ No       Yes. Fill in the details.         Owner's Name Address (Number, Street, City, State and ZIP Code)       Where is the property? (Number, Street, City, State and ZIP Code)       Describe the property       Value Code)         Part 10: Give Details About Environmental Information       Give Details About Environmental Information  | 21. |  | year before you filed for                                 | bankruptcy, any                    | / safe depo | osit box or other deposi   | tory for securi  | ties,  |
| Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control for Someone Else  3. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information  |     | _  |   |                                    |             |                            |                  |        |
| No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control for Someone Else  23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information  |     |  | Address (Number, S  |                                    | Describe tl | ne contents                |                  | II     |
| □ Yes. Fill in the details.         Name of Storage Facility       Who else has or had access to it?         Address (Number, Street, City, State and ZIP Code)       Do you still have it?         Part 9:       Identify Property You Hold or Control for Someone Else         23.       Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.         ■ No       □ Yes. Fill in the details.         Owner's Name Address (Number, Street, City, State and ZIP Code)       Where is the property? (Number, Street, City, State and ZIP Code)         Part 10:       Give Details About Environmental Information   | 22. | Have you stored property in a storage unit   | or place other than your                                  | home within 1 y                    | ear before  | you filed for bankruptc    | y?               |        |
| Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Do you still have it?  Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control for Someone Else  23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information  |     | No   |   |                                    |             |                            |                  |        |
| Address (Number, Street, City, State and ZIP Code)  to it? Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control for Someone Else  23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information   |     | Yes. Fill in the details.  |   |                                    |             |                            |                  |        |
| Part 9: Identify Property You Hold or Control for Someone Else  23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  No  Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Value  Part 10: Give Details About Environmental Information  |     |  | to it?<br>Address (Number, S                              |                                    | Describe th | ne contents                |                  | II     |
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information  | _   |  | , i   |                                    |             |                            |                  |        |
| for someone.  No Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State and ZIP Code)  Where is the property? (Number, Street, City, State and ZIP Code)  Value  Part 10: Give Details About Environmental Information   | Par | identify Property You Hold or Control  | I for Someone Else  |                                    |             |                            |                  |        |
| ☐ Yes. Fill in the details.         Owner's Name Address (Number, Street, City, State and ZIP Code)       Where is the property? (Number, Street, City, State and ZIP Code)       Describe the property       Value         Part 10: Give Details About Environmental Information  | 23. |  | omeone else owns? Inclu                                   | ude any property                   | you borro   | wed from, are storing fo   | or, or hold in t | rust   |
| Address (Number, Street, City, State and ZIP Code)  (Number, Street, City, State and ZIP Code)  Part 10: Give Details About Environmental Information  |     | _  |   |                                    |             |                            |                  |        |
|  |     |  | (Number, Street, City, S                                  |                                    | Describe th | ne property                |                  | Value  |
| For the purpose of Part 10, the following definitions apply:   | Par | rt 10: Give Details About Environmental Inf  | formation   |                                    |             |                            |                  |        |
|  | or  | the purpose of Part 10, the following definit  | ions apply:   |                                    |             |                            |                  |        |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5

Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Case 18-05219 Doc 1 Page 40 of 52
Case number (if known) Document

Debtor 1 Michael J Reed

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

|     | hazardous material means anything an environmental law defines as a nazardous waste, nazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |  |   |                    |  |  |
|-----|---|--|---|--------------------|--|--|
| Rep | ort all notices, releases, and proceedings t  | hat you know about, regardless of when                                     | they occurred.  |                    |  |  |
| 24. | Has any governmental unit notified you th   | at you may be liable or potentially liable (                               | under or in violation of an environme   | ental law?         |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |                    |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it   | Date of notice     |  |  |
| 25. | Have you notified any governmental unit o   | f any release of hazardous material?                                       |   |                    |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |                    |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it   | Date of notice     |  |  |
| 26. | Have you been a party in any judicial or ac   | Iministrative proceeding under any enviro                                  | onmental law? Include settlements a   | ind orders.        |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |                    |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case  | Status of the case |  |  |
| Par | t11: Give Details About Your Business o   | r Connections to Any Business  |   |                    |  |  |
| 27. | Within 4 years before you filed for bankrup   | otcy, did you own a business or have any                                   | of the following connections to any   | business?          |  |  |
|     | ■ A sole proprietor or self-employed  | in a trade, profession, or other activity, e                               | either full-time or part-time   |                    |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |   |                    |  |  |
|     | ☐ A partner in a partnership  |  |   |                    |  |  |
|     | ☐ An officer, director, or managing executive of a corporation  |  |   |                    |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |   |                    |  |  |
|     | □ No. None of the above applies. Go to Part 12.   |  |   |                    |  |  |
|     | Yes. Check all that apply above and f   | II in the details below for each business.                                 |   |                    |  |  |
|     | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Describe the nature of the business  Name of accountant or bookkeeper      | Employer Identification number Do not include Social Security number or ITIN. |                    |  |  |
|     |   | ·  | Dates business existed  |                    |  |  |
|     | Euphoria Freight Systems<br>3101 Monroe   | Truck Driver Transport Service   | EIN: XX-XXX0438   |                    |  |  |
|     | Bellwood, IL 60104  | n/a  | From-To 2015-2017   |                    |  |  |

Page 41 of 52 Case number (if known) Document Debtor 1 Michael J Reed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael J Reed Signature of Debtor 2 Michael J Reed Signature of Debtor 1 Date February 26, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Entered 02/26/18 15:02:33

Case 18-05219

Doc 1

Filed 02/26/18

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

### Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 42 of 52

| Fill in this infor  | mation to identify your  | case:             |             |                     |              |
|---------------------|--------------------------|-------------------|-------------|---------------------|--------------|
| Debtor 1            | Michael J Reed           |                   |             |                     |              |
|                     | First Name               | Middle Name       | Last Name   |                     |              |
| Debtor 2            |                          |                   |             |                     |              |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   | _                   |              |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | _                   |              |
| Case number _       |                          |                   |             |                     |              |
| (if known)          |                          |                   |             | ☐ Check i<br>amende | f this is an |
|                     |                          |                   |             | amende              | a ming       |
|                     |                          |                   |             |                     |              |
| Official Fo         | rm 108                   |                   |             |                     |              |

you have leased personal property and the lease has not expired.
You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list

on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C |
|---|--|--|
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | Retain the property and redeem it.                                 |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

## Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 43 of 52

| Deb  | otor 1             | Michael J Reed                                | l                       | Case number (if kr   | nown)                                  |
|------|--------------------|---|-------------------------|--|--|
|      | name:<br>Descrip   | tion of                                       |                         | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a  | ☐ Yes                                  |
|      | roperty            |   |                         | Reaffirmation Agreement.  Retain the property and [explain]:   |  |
|      |                    | g debt:                                       |                         | Tretain the property and [explain].  |  |
|      |                    |   | ed Personal Property    | Leases ou listed in Schedule G: Executory Contracts and Unex   | nired Leases (Official Form 106G) fill |
| n th | ne info            | rmation below. Do                             | not list real estate le | ases. Unexpired leases are leases that are still in effect<br>lease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Des  | scribe             | your unexpired pe                             | ersonal property lease  | es   | Will the lease be assumed?             |
|      | sor's n            |   |                         |  | □ No                                   |
|      | perty:             | n of leased                                   |                         |  | ☐ Yes                                  |
|      | sor's n            |   |                         |  | □ No                                   |
|      | scriptio<br>perty: | n of leased                                   |                         |  | ☐ Yes                                  |
|      | sor's n            |   |                         |  | □ No                                   |
|      | scriptio<br>perty: | n of leased                                   |                         |  | ☐ Yes                                  |
|      | sor's n            |   |                         |  | □ No                                   |
|      | scriptio<br>perty: | n of leased                                   |                         |  | ☐ Yes                                  |
|      | sor's n            |   |                         |  | □ No                                   |
|      | scriptio<br>perty: | n of leased                                   |                         |  | ☐ Yes                                  |
|      | sor's n            |   |                         |  | □ No                                   |
|      | perty:             | n of leased                                   |                         |  | ☐ Yes                                  |
|      | sor's n            |   |                         |  | □ No                                   |
|      | scriptio<br>perty: | n of leased                                   |                         |  | ☐ Yes                                  |
| Par  | t 3:               | Sign Below                                    |                         |  |  |
|      |                    | alty of perjury, I do<br>hat is subject to ar |                         | cated my intention about any property of my estate tha   | it secures a debt and any personal     |
| Χ    | /s/ N              | lichael J Reed                                |                         | x  |  |
|      |                    | nael J Reed                                   |                         | Signature of Debtor 2  |  |
|      | Signa              | ature of Debtor 1                             |                         |  |  |
|      | Data               | Echruary 26                                   | 2040                    | Data   |  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-05219 Doc 1 Filed 02/26/18 Entered 02/26/18 15:02:33 Desc Main Document Page 48 of 52

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

|   | Debtor(s)  | Chapter   | 7   |
|---|--|---|---|
| DISCLOSURE OF COMPI   | ENSATION OF ATTO   | RNEY FOR D  | EBTOR(S)  |
| empensation paid to me within one year before the fil   | ling of the petition in bankruptc  | y, or agreed to be paid   | l to me, for services rendered or to  |
| For legal services, I have agreed to accept   |  | \$  | 1,000.00  |
|   |  |   | 1,000.00  |
| Balance Due   |  | \$  | 0.00  |
| he source of the compensation paid to me was:   |  |   |   |
| ■ Debtor □ Other (specify):   |  |   |   |
| he source of compensation to be paid to me is:  |  |   |   |
| ■ Debtor □ Other (specify):   |  |   |   |
| I have not agreed to share the above-disclosed con  | npensation with any other perso  | n unless they are men   | nbers and associates of my law firm.  |
|   |  |   |   |
| n return for the above-disclosed fee, I have agreed to  | render legal service for all aspe  | cts of the bankruptcy   | case, including:  |
| Preparation and filing of any petition, schedules, st<br>Representation of the debtor at the meeting of cred<br>[Other provisions as needed]<br>Negotiations with secured creditors to<br>reaffirmation agreements and applicat | atement of affairs and plan white itors and confirmation hearing, preduce to market value; exions as needed; preparation   | ch may be required;<br>and any adjourned hea<br>xemption planning   | arings thereof;   |
|   |  |   | es, relief from stay actions or   |
|   | CERTIFICATION  |   |   |
|   | any agreement or arrangement f   | or payment to me for  | representation of the debtor(s) in  |
| bruary 26, 2018   | /s/ Richard S. B   | ass   |   |
| te  | Signature of Attorn<br>Law Office of R<br>2021 Midwest R<br>Suite #200<br>Oak Brook, IL 6<br>630-953-8655 F<br>rbass@corpoffi  | ney<br>ichard S. Bass LTI<br>oad<br>0523<br>Fax: 630-953-8687   | <b>.</b>  |
|   | pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the first rendered on behalf of the debtor(s) in contemplation. For legal services, I have agreed to accept.  Prior to the filing of this statement I have received Balance Due.  The source of the compensation paid to me was:  Debtor Other (specify):  The source of compensation to be paid to me is:  Debtor Other (specify):  I have not agreed to share the above-disclosed compensation to gether with a list of the manner of the above-disclosed fee, I have agreed to an analysis of the debtor's financial situation, and renew Preparation and filing of any petition, schedules, standard Representation of the debtor at the meeting of creduction of the debt | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the atto impensation paid to me within one year before the filing of the petition in bankruptoe rendered on behalf of the debtor(s) in contemplation of or in connection with the before rendered on behalf of the debtor(s) in contemplation of or in connection with the before rendered on behalf of the debtor(s) in contemplation of or in connection with the before rendered on behalf of the debtor(s) in contemplation of or in connection with the before rendered on behalf of the debtor(s) in contemplation of or in connection with the before rendered on behalf of the debtor with a law received.  Balance Due  the source of the compensation paid to me was:  Debtor | Prior to the filing of this statement I have received  Balance Due  S  Balance Due  S  Debtor    Other (specify):  the source of compensation to be paid to me was:  Debtor    Other (specify):  Thave not agreed to share the above-disclosed compensation with any other person unless they are men person of the agreement, together with a list of the names of the people sharing in the compensation is att an return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy  Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned her [Other provisions as needed]  Negotiations with secured creditors to reduce to market value; exemption planning reaffirmation agreements and applications as needed; preparation and filing of mot 522(f)(2)(A) for avoidance of liens on household goods.  The service of the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions, judicial lien avoidance any other adversary proceeding.  CERTIFICATION  The service of Attorney  Law Office of Richard S. Bass  Richard S. Bass 6189009  Signature of Attorney  Law Office of Richard S. Bass LTE 2021 Midwest Road Suite #200  Oak Brook, IL 60523  630-953-8655 Fax: 630-953-8687 rbass@corpoffices.com |

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Michael J Reed                             |   | Case No.                       |               |
|-------|--|---|--------------------------------|---------------|
|       |  | Debtor(s)   | Chapter <b>7</b>               |               |
|       | VE   | RIFICATION OF CREDITOR N                              | <b>MATRIX</b>                  |               |
|       |  | Number of   | f Creditors:                   | 21            |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi                | tors is true and correct to th | ne best of my |
| Date: | February 26, 2018                          | /s/ Michael J Reed Michael J Reed Signature of Debtor |                                |               |

AFNI COLLECTION RE: AT& Mobility PO Box 3517 Bloomington, IL 61702-3517

Aspire VISA PO Box 23007 Columbus, GA 31902

Capital One Attn: Bankruptcy Dept P.O. BOX 30281 Salt Lake City, UT 84130

Chrysler Capital PO Box 961275 RE Bankruptcy Dept Fort Worth, TX 76161-1275

Chrysler Financial Attn Bankruptcy Dept PO Box 961278 Fort Worth, TX 76161-1278

CitiMortgage Corp Attn: Bankruptcy Dept 1000 Technology Dr MS 420 O Fallon, MO 63368

City of Chicago Wage Garnishment Unit 121 N. Lasalle St. # 107A Chicago, IL 60602

Comcast PO Box 3001 RE Bankruptcy Dept Southeastern, PA 19398-3001

Credence Resource Mgmt 17000 Dallas Pkwy #204 RE DirecTV Dallas, TX 75248 Fingerhut PO Box 166 RE Bankruptcy Dept Newark, NJ 07101-0166

First Premier Bank
Attn: Bankruptcy Dept
PO Box 5524
Sioux Falls, SD 57117-5524

Illinois Attorney General RE: Bankruptcy Dept 33 S. State St #700 Chicago, IL 60605

Illinois Department of Revenue Bankruptcy Dept PO Box 19035 Springfield, IL 62794-9035

Illinois Department of Revenue Bankruptcy Dept PO Box 19035 Springfield, IL 62794-9035

Illinois Dept of Human Service Attn Bankruptcy Dept PO Box 19407 Fiscal Operation Springfield, IL 62794-9407

Illinois Tollway Authority PO Box 5544 RE Bankruptcy Dept Chicago, IL 60680-5544

Internal Revenue Service Centralized Insolvency Operat PO BOX 7346 Philadelphia, PA 19101-7346

Internal Revenue Service Centralized Insolvency Operat PO BOX 7346 Philadelphia, PA 19101-7346 Law Office of Harris & Harris RE Illinois Tollway 111 W. Jackson Blvd #400 Chicago, IL 60604

National Recoveries Inc. PO Box 48367 RE US Dept Education Minneapolis, MN 55448-0367

Sunrise Credit Services, Inc. RE: AT&T PO BOX 9100 Farmingdale, NY 11735-9100